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Analysis of the reasons of development of lethal cases of surgical patients

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Abstract

The retrospective analysis of stories of diseases of the died patients of office of the general surgery is carried out to the period from 2011 to 2013. Among 121 died sick offices of the general surgery 51 patients in age group were more senior than 60 years (42,1%). So at 31 patients the heavy course of the main disease was aggravated with existence of accompanying pathology. 29 patients were hospitalized in a hospital in a critical condition.

Discussion

In 75% of cases it is necessary to state not preventability of development of a lethal outcome in view of weight of a condition of the patient. In 17% of cases development of a lethal outcome could be prevented at the timely request of the patient for medical care, at timely establishment of the correct diagnosis and at purpose of adequate treatment. In the analysis of the main diseases which have led to development of a lethal outcome of patients of office of the general surgery it is possible to divide into 3 groups.

The I group – patients with the diagnosis sharp pancreatitis, pancreatonecrosis (14,9%), and patients with the diagnosis sharp destructive cholecystitis (10,7%). These nosological forms are the most widespread in structure of the hospitalized patients therefore at arrival of patients with the complicated forms of a course of a disease at this category of patients the lethal outcome developed.

The II group – patients with diagnoses at which the high rate of a lethality (the cirrhosis complicated by a syndrome of portal hypertension and bleeding from varicose and expanded veins of a gullet) is noted.

The III group – patients with not surgical diagnoses which were hospitalized because of a nontransportable serious condition of the patient (a myocardial infarction, pyelonephritis, disseminirovanny tuberculosis of lungs, purulentsalpingooophoritis).

Citing Literature

Number of times cited according to CrossRef: 1

- Bridget Martinez, Rudy M. Ortiz, Thyroid Hormone Regulation and Insulin Resistance: Insights From Animals Naturally Adapted to Fasting, Physiology, 10.1152/physiol.00018.2016, **32**, 2, (141-151), (2017).

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